


030904

23026 U.S. PTO

PTO/SB/05 (08-03)

Approved for use through 07/31/2006. OMB 0651-0032  
U.S. Patent and Trademark Office; U.S. DEPARTMENT OF COMMERCE

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<b>UTILITY PATENT APPLICATION TRANSMITTAL</b> <small>(Only for new nonprovisional applications under 37 CFR 1.53(b))</small>		<b>Attorney Docket No.</b> OSTEONICS 3.0-492	
		<b>First Inventor</b> Renen Bassik	
		<b>Title</b> MODULAR PROSTHESIS KITS	<div style="writing-mode: vertical-rl; transform: rotate(180deg);">2278 U.S. PTO 10/796168</div>
		<b>Express Mail Label No.</b> EV 342576287 US	
<b>APPLICATION ELEMENTS</b> <small>See MPEP chapter 600 concerning utility patent application contents.</small>		<b>ADDRESS TO:</b> MS Patent Application Commissioner for Patents P.O. Box 1450 Alexandria, VA 22313-1450	
<div>1. <input checked="" type="checkbox"/> Fee Transmittal Form (e.g., PTO/SB/17) <small>(Submit an original, and a duplicate for fee processing)</small></div> <div>2. <input type="checkbox"/> Applicant claims small entity status. <small>See 37 CFR 1.27.</small></div> <div>3. <input checked="" type="checkbox"/> Specification <span style="float: right;">[Total Pages <b>30</b>]</span> <small>(preferred arrangement set forth below)</small><ul style="list-style-type: none"><li>- Descriptive title of the invention</li><li>- Cross Reference to Related Applications</li><li>- Statement Regarding Fed sponsored R &amp; D</li><li>- Reference to sequence listing, a table, or a computer program listing appendix</li><li>- Background of the invention</li><li>- Brief Summary of the Invention</li><li>- Brief Description of the Drawings (if filed)</li><li>- Detailed Description</li><li>- Claim(s)</li><li>- Abstract of the Disclosure</li></ul></div> <div>4. <input checked="" type="checkbox"/> Drawing(s) (35 U.S.C. 113) <span style="float: right;">[Total Sheets <b>13</b>]</span></div> <div>5. Oath or Declaration <span style="float: right;">[Total Sheets <span style="border: 1px solid black; padding: 0 10px;">  </span>]</span><div style="margin-left: 20px;"><div>a. <input type="checkbox"/> Newly executed (original or copy)</div><div>b. <input type="checkbox"/> Copy from a prior application (37 CFR 1.63(d)) <small>(for continuation/divisional with Box 18 completed)</small><div style="margin-left: 20px;">i. <input type="checkbox"/> <b>DELETION OF INVENTOR(S)</b> <small>Signed statement attached deleting inventor(s) named in the prior application, see 37 CFR 1.63(d)(2) and 1.33(b).</small></div></div></div><div>6. <input checked="" type="checkbox"/> Application Data Sheet. See 37 CFR 1.76</div></div>		<div>7. <input type="checkbox"/> CD-ROM or CD-R in duplicate, large table or Computer Program (Appendix)</div> <div>8. <input type="checkbox"/> Nucleotide and/or Amino Acid Sequence Submission <small>(if applicable, all necessary)</small><div style="margin-left: 20px;">a. <input type="checkbox"/> Computer Readable Form (CRF)</div><div style="margin-left: 20px;">b. Specification Sequence Listing on:<div style="margin-left: 20px;">i. <input type="checkbox"/> CD-ROM or CD-R (2 copies); or</div><div style="margin-left: 20px;">ii. <input type="checkbox"/> Paper</div></div><div style="margin-left: 20px;">c. <input type="checkbox"/> Statements verifying identity of above copies</div></div>	
		<b>ACCOMPANYING APPLICATION PARTS</b>	
		<div>9. <input type="checkbox"/> Assignment Papers (cover sheet &amp; document(s))</div> <div>10. <input type="checkbox"/> 37 CFR 3.73(b) Statement <span style="float: right;"><input type="checkbox"/> Power of Attorney</span> <small>(when there is an assignee)</small></div> <div>11. <input type="checkbox"/> English Translation Document <small>(if applicable)</small></div> <div>12. <input checked="" type="checkbox"/> Information Disclosure Statement (IDS)/PTO-1449 <span style="float: right;"><input type="checkbox"/> Copies of IDS Citations</span></div> <div>13. <input type="checkbox"/> Preliminary Amendment</div> <div>14. <input checked="" type="checkbox"/> Return Receipt Postcard (MPEP 503) <small>(Should be specifically itemized)</small></div> <div>15. <input type="checkbox"/> Certified Copy of Priority Document(s) <small>(if foreign priority is claimed)</small></div> <div>16. <input type="checkbox"/> Nonpublication Request under 35 U.S.C. 122 (b)(2)(B)(i). <small>Applicant must attach form PTO/SB/35 or its equivalent.</small></div> <div>17. <input type="checkbox"/> Other: <span style="border: 1px solid black; display: inline-block; width: 150px; height: 20px; vertical-align: middle;"></span></div>	
<div>18. If a CONTINUING APPLICATION, check appropriate box, and supply the requisite information below and in the first sentence of the specification following the title, or in an Application Data Sheet under 37 CFR 1.76: <div style="display: flex; justify-content: space-between; align-items: flex-start;"><div><input type="checkbox"/> Continuation <input type="checkbox"/> Divisional <input type="checkbox"/> Continuation-in-part (CIP)</div><div>of prior application No.: <span style="border-bottom: 1px solid black; width: 150px;"></span></div></div><div style="margin-top: 5px;"><small>Prior application information: Examiner <span style="border-bottom: 1px solid black; width: 100px;"></span> Art Unit: <span style="border-bottom: 1px solid black; width: 100px;"></span></small></div></div> <div style="margin-top: 5px;"><b>For CONTINUATION OR DIVISIONAL APPS only:</b> The entire disclosure of the prior application, from which an oath or declaration is supplied under Box 5b, is considered a part of the disclosure of the accompanying continuation or divisional application and is hereby incorporated by reference. The incorporation can only be relied upon when a portion has been inadvertently omitted from the submitted application parts.</div>			
<b>19. CORRESPONDENCE ADDRESS</b>			
<div><input checked="" type="checkbox"/> Customer Number: <span style="border: 1px solid black; padding: 0 20px;">000530</span> <b>OR</b> <input type="checkbox"/> Correspondence address below</div>			
<div><div>Name</div><div>Address</div><div>City</div><div>Country</div></div> <div><div>State</div><div>Zip Code</div><div>Telephone</div><div>Fax</div></div>			
<b>Name (Print/Type)</b> Scott S. Servilla		<b>Registration No. (Attorney/Agent)</b> 40,806	
<b>Signature</b> 		<b>Date</b> March 9, 2004	



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<h1 style="margin: 0;">FEE TRANSMITTAL</h1> <h2 style="margin: 0;">for FY 2004</h2> <p style="font-size: small; margin: 0;">Effective 10/01/2003, Patent fees are subject to annual revision.</p>		Complete if Known																																																																																																																																																																																																																																													
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<div style="display: flex; justify-content: space-between;"><div><input type="checkbox"/> Check    <input type="checkbox"/> Credit Card    <input type="checkbox"/> Money Order    <input type="checkbox"/> Other    <input type="checkbox"/> None</div><div><input checked="" type="checkbox"/> Deposit Account:</div></div> <div style="border: 1px solid black; padding: 5px; margin-top: 5px;">Deposit Account Number: 12-1095</div> <div style="border: 1px solid black; padding: 5px; margin-top: 5px;">Deposit Account Name: Lerner, David, Littenberg, Krumholz &amp; Mentlik, LLP</div> <p style="font-size: small; margin-top: 5px;">The Director is authorized to: (check all that apply)</p> <div style="display: flex; justify-content: space-between;"><div><input checked="" type="checkbox"/> Charge fee(s) indicated below</div><div><input checked="" type="checkbox"/> Credit any overpayments</div></div> <div style="display: flex; justify-content: space-between;"><div><input checked="" type="checkbox"/> Charge any additional fee(s) or any underpayment of fee(s)</div><div><input type="checkbox"/> Charge fee(s) indicated below, except for the filing fee to the above-identified deposit account.</div></div>																																																																																																																																																																																																																																															
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late filing fee or oath		1052	50	2052	25	Surcharge - late provisional filing fee or cover sheet		1053	130	1053	130	Non-English specification		1812	2,520	1812	2,520	For filing a request for ex parte reexamination		1804	920*	1804	920*	Requesting publication of SIR prior to Examiner action		1805	1,840*	1805	1,840*	Requesting publication of SIR after Examiner action		1251	110	2251	55	Extension for reply within first month		1252	420	2252	210	Extension for reply within second month		1253	950	2253	475	Extension for reply within third month		1254	1,480	2254	740	Extension for reply within fourth month		1255	2,010	2255	1,005	Extension for reply within fifth month		1401	330	2401	165	Notice of Appeal		1402	330	2402	165	Filing a brief in support of an appeal		1403	290	2403	145	Request for oral hearing		1451	1,510	1451	1,510	Petition to institute a public use proceeding		1452	110	2452	55	Petition to revive - unavoidable		1453	1,330	2453	665	Petition to revive - unintentional		1501	1,330	2501	665	Utility issue fee (or reissue)		1502	480	2502	240	Design issue fee		1503	640	2503	320	Plant issue fee		1460	130	1460	130	Petitions to the Commissioner		1807	50	1807	50	Processing fee under 37 CFR 1.17(q)		1806	180	1806	180	Submission of Information Disclosure Stmt		8021	40	8021	40	Recording each patent assignment per property (times number of properties)		1809	770	2809	385	Filing a submission after final rejection (37 CFR 1.129(a))		1810	770	2810	385	For each additional invention to be examined (37CFR 1.129(b))		1801	770	2801	385	Request for Continued Examination (RCE)		1802	900	1802	900	Request for expedited examination of a design application		Other fee (specify)						<b>SUBTOTAL (3)</b>					(\$ ) 0.00
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Name (Print/Type) Scott S. Servilla		Registration No. (Attorney/Agent) 40,806		Telephone (908) 518-6388																																																																																																																																																																																																																																											
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